## MACOMB COUNTY 4-H POCKET PET PROJECT MEMBER'S RECORD

## **ABOUT YOU**

Member's Name			
Date of Birth/ Age (as of 1/1 of current year)			
Name of 4-H club			
Name of Leader			
Number of years in Pocket Pet Project			
Other Projects you are involved in			
ABOUT YOUR PET			
Name of Pet			
Type of Pet			
Species Male/Female			
Age of Pet How long have you had your pet			
VETERINARY RECORD			
Shots (if needed) Dates			
List any other Veterinary Procedures you may have needed for your pet			
FEEDING YOUR PET			
How many of this type of pet are in your family			
What do you feed your pet			
Is it a prepared (name brand) or special mix			

If special mix what are the ingredients	
How many times a day do you feed your pet	How Much
Is there a special time you feed more or less	When
Why	
<u>HABITAT</u>	
Describe your pets' habitat	
How often do you clean your pets' environment	
Explain the procedure	
GROOMING YOUR PET	
Do you groom your pet	
If so: How oftenE	xplain the process
BREEDING	
(If you do not breed your pet skip this section)	
( ) , ,	
Number of Females you own	Males
Number of Females you own	Number of offspring
Number of Females you own  Number of times per year they are bred	Number of offspring
Number of Females you own  Number of times per year they are bred	_ Number of offspring

## **LEARNING EXPERIENCE**

This is what I have learned in the Pocket Pet Project this year		
What I enjoyed most about having my pet		
Next year I plan to		

## PLACE A PICTURE OF YOUR PET HERE

YOUR STORY Write a brief summary of you and your pocket pet for the time listed on the front page. Tell about how you cared for your pet, training, unusual experiences, problems, and pleasures.		

Members Signature	Date
Parent/Guardian Signature	Date
Additional Comments	





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